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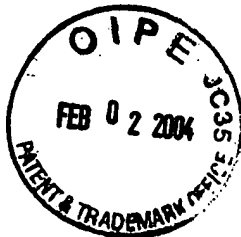
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7590

01/14/2004

Michael F. Scalise  
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 One M&T Plaza, Suite 2000  
 Buffalo, NY 14203-2391



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Rosemarie Contella	(Depositor's name)
<i>Rosemarie Contella</i>	(Signature)
January 29, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/016,210	12/12/2001	Barry C. Muffoletto	04645.1002	6759

TITLE OF INVENTION: ELECTROCHEMICAL CELL HAVING A PHYSICAL VAPOR DEPOSITED ELECTRODE AND METHOD OF MANUFACTURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	04/14/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MARTIN, ANGELA J	1745	429-233000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Michael F. Scalise

2. \_\_\_\_\_

3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Wilson Greatbatch Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

10,000 Wehrle Drive  
 Clarence, NY 14031

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

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☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502460 (enclose an extra copy of this form).

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(Authorized Signature)

Michael F. Scalise

January 29, 2004

(Date)

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02/05/2004 WASFAW2 00000201 10016210

01 FC:1501

02 FC:1504

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